
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 21, 2018

Ms. Teresa Hemingway, Manager
Bradford Oasis
92 Cottage Street
Bradford, VT 05033-8897

Dear Ms. Hemingway:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 15, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0618	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/15/2018
NAME OF PROVIDER OR SUPPLIER BRADFORD OASIS		STREET ADDRESS, CITY, STATE, ZIP CODE 92 COTTAGE STREET BRADFORD, VT 05033		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site relicensing survey and complaint investigation was conducted on 5/14 through 5/15/18 by the Division of Licensing and Protection. The findings include the following:	R100		
R153 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview the facility failed to monitor the stability of weights, for 1 of 4 sampled residents, (Resident #1). The finding include the following: Per medical record review, Resident #1 refused to be weighed in November 2017. In December 2017 s/he weighed 196 pounds. In January 2018 the weight is documented at 268 pounds and in February 2018 documentation identifies a weight of 269 pounds. There are no weights documented for the months of March, April and May to date. Per discussion with the facility manager and the Registered Nurse, confirmation was made on 5/14/18 at approximately 1:30 PM that the weights have not been monitored and the documented weights in January and February are most likely incorrect.	R153	For Resident #1 and all - New tracking will be implemented for monthly weights. - See attached Please see attached Plans of Correction.	
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES	R165		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0000

52N811

If continuation sheet 1 of 13

R153 - R279 POCs accepted 6/21/18 M.Bertrand RN/AM

Amended Date
6/16/18

Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRADFORD OASIS

**92 COTTAGE STREET
BRADFORD, VT 05033**

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R165	<p>Continued From page 1</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the faculty Registered Nurse (RN) has failed to assure the proper administration of medication of 1 of 4 applicable residents, (Resident #3). The findings include the following:</p> <p>Per record review, Resident #3, is to receive subcutaneous Insulin in the morning and the evening. The resident was observed by the RN, in the presence of the nurse surveyor, administering the injectable insulin on 5/14/18 at approximately 9 AM. The resident did not cleanse the multi-dose vial of insulin before drawing up the medication into the syringe, nor</p>	R165		

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R165	Continued From page 2 did the resident cleanse his/her skin prior to injection. This was brought to the attention of both the RN and the resident. The resident confirmed ["this is how I do it"]. The RN confirmed at this time that Resident #3, has not been assessed for self-administration of the Insulin and the resident is noncompliant with directions and/or instructions that have been provided in the past.	R165		
R170 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.f Residents who are capable of self-administration have the right to purchase and self administer over-the-counter medications. However, the home must make every reasonable effort to be aware of such medications in order to monitor for and educate the residents about possible adverse reactions or interactions with other medications without violating the resident's rights to direct the resident's own care. If a resident's over-the-counter medications use poses a significant threat to the resident's health, staff must notify the physician This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review the facility Registered Nurse (RN), failed to assess 2 of 2 sampled residents for their abilities to self-administer subcutaneous prescribed Insulin, (Resident #3 and #4). The findings include the following: The citation was cited on 9/19/17.	R170		

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R170	<p>Continued From page 3</p> <p>1. Per record review, Resident #3, is to receive subcutaneous Insulin in the morning and the evening. The resident was observed by the RN, in the presence of the nurse surveyor, administering the injectable insulin on 5/14/18 at approximately 9 AM. The resident did not cleanse the multi-dose vial of insulin before drawing up the medication into the syringe, nor did the resident cleanse his/her skin prior to injection. This was brought to the attention of both the RN and the resident. The resident confirmed ["this is how I do it"]. There is no evidence in the medical record that an assessment has been conducted identifying that the resident is capable of self-administration.</p> <p>The RN confirmed at this time that Resident #3, has not been assessed for self-administration of the Insulin and it was also discovered that there is no physician order for the resident to self-administer the Insulin.</p> <p>2. Per record review, Resident #4, is to receive subcutaneous Insulin in the evening. Discussion with the resident on 5/15/18 at approximately 11:45 AM, confirms that s/he does administer injectable insulin every evening.</p> <p>There is no evidence in the medical record that an assessment has been conducted identifying that the resident is capable of self-administration.</p> <p>The RN confirmed at this time that Resident #4, has not been assessed for self-administration of the Insulin. It was also discovered that there is no physician order for the resident to self-administer the Insulin.</p> <p>Facility policy, titled Resident Medication Self Administration, identifies that residents are</p>	R170		

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R170	Continued From page 4 assessed at least annually by the RN and the physician to ensure the resident's ability to self-administer medications.	R170			
R176 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the Registered Nurse (RN), the facility failed to promptly dispose of medications that are out dated. The findings include the following: Per inspection of the medication cart on 5/14/18 at approximately 4:20 PM, in the presence of the facility RN, two (2) Epinephrine Auto-Injector pens were discovered to be outdated back to 9/17. The epinephrine pen is used for residents who have an allergy to bee stings. Resident #4 who resides in the facility has a bee sting allergy. There was also a discovery of Senna tablets 8.6 mg each partially used that was outdated back to 11/2015. The above discoveries were confirmed by the RN.	R176			

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R240	Continued From page 5	R240																										
R240 SS=F	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1 Food Services</p> <p>7.1.b Meal Patterns</p> <p>The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.</p> <table border="0"> <tr> <td>Suggested Daily Food Group</td> <td>Servings</td> <td>What Counts as a Serving</td> </tr> <tr> <td>Bread, Cereal,</td> <td>6-11</td> <td>1 slice bread, tortilla</td> </tr> <tr> <td>Rice, Pasta</td> <td></td> <td>½ bagel, English Muffin</td> </tr> <tr> <td></td> <td></td> <td>½ hamburger/ hot dog roll, pita</td> </tr> <tr> <td></td> <td></td> <td>½ cup cooked cereal, rice, pasta</td> </tr> <tr> <td></td> <td></td> <td>1 oz ready-to-eat cereal 3-4 small or 2 large crackers</td> </tr> <tr> <td>Fruit</td> <td>2-4</td> <td>¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit</td> </tr> <tr> <td>Vegetables</td> <td>3-5</td> <td>½ cup cooked or</td> </tr> </table>	Suggested Daily Food Group	Servings	What Counts as a Serving	Bread, Cereal,	6-11	1 slice bread, tortilla	Rice, Pasta		½ bagel, English Muffin			½ hamburger/ hot dog roll, pita			½ cup cooked cereal, rice, pasta			1 oz ready-to-eat cereal 3-4 small or 2 large crackers	Fruit	2-4	¾ cup 100% fruit juice 1 medium apple, banana or other fruit ½ cup fresh, cooked or canned fruit ¼ cup dried fruit	Vegetables	3-5	½ cup cooked or	R240		
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R240	<p>Continued From page 6</p> <p>chopped</p> <p>raw vegetables 1 cup leafy, raw vegetables ¾ cup vegetable juice</p> <p>Milk, Yogurt, 3 or more 1 cup milk, yogurt Cheese 1 ½ oz natural cheese</p> <p>Meat, Poultry, 2 (total of 2-3 oz cooked lean Legumes, Eggs 4-5 oz/day) meat, poultry or fish Nuts ½ cup cooked legumes 1 egg 2 tablespoons peanut butter 1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day. At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that meals served meet the dietary requirements by the Recommended Dietary Allowance (RDA) for those 11 residents residing in the home. The findings include the following:</p> <p>Per review of the menu posted on the refrigerator door, located in the kitchen for the months of</p>	R240		

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R240	<p>Continued From page 7</p> <p>March/April and May 2018, identify numerous irregularities as follows:</p> <ul style="list-style-type: none"> -Breakfast Monday -Friday offer fruit, yogurt, juice, cereal and toast. Eggs are offered on weekend and muffins are on the menu periodically; -Lunches consistently consists of canned soup and a sandwich with no salt chips and pickles. Occasionally Pizza; -Evening meal identifies a roast, pasta casseroles, chicken with frozen vegetables/salads/rice; -Desserts are a variety of Jello/pudding/ice-cream all sugar free for the lunch and evening meals. <p>The RDA recommendations identify specific amounts of daily servings. The menu posted does not identify that lettuce is served at all times on sandwiches and on occasion, a small salad or coleslaw is offered. The home's owner does confirm that portions are measured at the time the meals are served. However, the menu posted does not identify portion size, does not identify that vegetables are offered daily and often no vegetable are offered at all. The menu does not identify that the recommendations of the RDA are met. Many foods served contain large amounts of sodium. These high sodium foods are served to all residents, whether or not they have a sodium restricted diet. Foods identified, but not limited too, are canned soup, hotdogs, salami and chips. The Registered Nurse (RN), who is identified as the Kitchen Manger, confirms on 5/14/18, that s/he often changes the menu due to budget constraints, purchases are made according to sale fliers, and describes the process as being timely. The manager and the RN confirm that changes are made to the menu, the format is written in pencil, changes are erased and rewritten on original plan. There is no way of</p>	R240		

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R240	Continued From page 8 knowing what the original meal planned was. The manager of the facility confirms on 5/15/18 during the review of the menus, that there are meals served that do not offer the proper amounts of vegetables and/or other required items by the ADA. The menus, in some instances are illegible and confusing to read.	R240		
R251 SS=C	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.a All food and drink shall be stored so as to protect from dust, insects, rodents, overhead leakage, unnecessary handling and all other sources of contamination. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview the facility failed to store food in a manner to protect from unnecessary handling and sources of contamination. The findings include the following: Per tour of the food storage area on 5/14/15 at approximately 10 AM, large glass storage jars containing partially used rice and sugar, were discovered to contain scoops used for distribution of the product. The manager confirmed at the time of the tour, that the scoops were most likely contaminated from usage and should not be stored with/on the product.	R251		
R266 SS=F	IX. PHYSICAL PLANT	R266		

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R266	<p>Continued From page 9</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to maintain a safe, functional and sanitary environment for 1 of 11 residents, (Resident #3). The facility failed to ensure that all waste paper baskets through out the facility are clean and free from contamination. The findings include the following:</p> <p>1. Per facility tour in the presence of the manager on 5/14/18 at approximately 10 AM, Resident #3 who shares the room with another resident, were both found resting in their beds. On entrance to room, the odor was foul, newspapers were scattered on the floor that encompassed more then half of the floor space, scattered dirty clothing were located on the floor (fall hazard), liquids in cups (uncovered) sitting on side tables, partially used loaf of bread at the bedside, used tin foil scattered on the floor, fruit resting on the bed side table unprotected with small flies present. Cob webs on the window will, window frame and on and above books stored on the window sill. Numerous totes and furniture were covered in dust. A fan was stored behind the bedroom door, was found to have large amounts of accumulated dust and grime on the fan blades and on the screen that protects the blades.</p> <p>When the above discovery was brought to the attention of Resident #3, the following remarks</p>	R266			

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R266	<p>Continued From page 10</p> <p>were made:</p> <ul style="list-style-type: none"> -The resident had names for the cob webs; -This is my space and I can keep it the way I want; -Identified that the fan is going to be used this summer as is; -The food and the liquids belong to Resident #3 and will be consumed. <p>Per facility admission agreement signed by Resident #3 on 6/24/16, identifies that Residents may bring personal items to the home as space permits, unless the items infringe on the rights of others or create a fire or safety hazard. The Household Policies/Resident Policies identify that residents and staff are to treat each other with respect at all times. Residents may not keep food in their rooms. Closed drink containers are allowed to be stored in rooms and the resident agrees to follow these house rules for the safety, health and comfort of everyone in the residence.</p> <p>Per discussion with the facility manager and the owner on 5/14/18 at approximately 10 AM, confirm that the resident is noncompliant with rules/instructions/directions.</p> <p>Per observation by the surveyor and the manager during the tour confirmation was made that the room is foul smelling, needs much attention in the area of cleaning and that the fan should not be used.</p> <p>2. Per facility tour on 5/14 and 5/15/18, it was discovered that all waste paper baskets have no plastic liners. Baskets are located through out the facility to include the bathrooms, day room, resident rooms, living areas and laundry room. The baskets were found to be dirty, stained and have used Kleenex and other disposable items.</p>	R266		

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R266	Continued From page 11 This was brought to the attention of the manager who confirmed that plastic liners are not used and that the baskets need cleaning.	R266			
R279 SS=C	IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.c Each lavatory sink shall be at least of standard size and shall be equipped with hot and cold running water, soap, and, if used by multiple residents, paper towels. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by staff interview, the facility failed to equip, bathrooms used by multiple residents, with paper towels. The findings include the following: Per facility tour on 5/14/18 at approximately 10 AM, in the presence of the facility manager, bathrooms on both floors and used by multiple residents, were discovered to have hand towels available for use. The manager confirmed during the tour, that budget constraints have lead to the use of hand towels.	R279			

Plan of Correction

V. R153. 5.9.c (10) Weights

Monthly weights were not properly maintained for resident #1. Moving forward I plan to diligently implement new tracking for monthly weights. This new tracking will include a space if resident refusal is given. A space will also be included for staff to initial when weights are done. Weights will be recorded by the 15th of every month. If a weight is done past the 15th, the staff member can be questioned about the late entry. A weight that is not recorded will be an issue to address for all staff members. This process will be incorporated to all residents as well as resident #1.

Monthly oversight of this will be done by management.

(This will be corrected and implemented on June 20th 2018)

*Medication Management

V. R165. 5.10.f

Proper education for glucometer use and self-administration of injectable insulin has been given and documented. This assessment was done for resident #3. This assessment will be conducted annually and placed in resident record. (Completed June 5, 2018)

V.R170.

An assessment form and instruction sheet for glucose check and self-administration of injectable medications has been developed for residents #3 and #4.

RN assessment of glucose testing and self-administration of insulin have been performed. Residents will be assessed annually and placed in resident record. (June 5, 2018)

Orders to self-administer insulin have been obtained from the PCP, and have been placed in their sections of the MAR book for residents #3 and #4. Orders based on assessments will be obtained annually. (Completed June 5, 2018)

Assessment for self-administration of oral medications is already available. Any resident wanting to manage his/her own oral medications will be evaluated. The PCP will receive the RN assessment and write an order to approve or disapprove resident self-administration of medication. If it is approved, staff will have resident document medications on a daily basis on their MAR. The assessment and PCP orders will be obtained annually and placed in the resident record. (June 5, 2018)

Oversight will be done by RN and management

*Resident Care and Home Services

Medication Management

V. R176. 5.10.h (4)

All medications from deceased or discharged residents have been appropriately discarded. Epinephrine auto injector pens were replaced on 5/17/2018.

- Expiration dates for epinephrine pens will be documented monthly on the MAR .
- Outdated medications were discarded.

Monthly over sight of this will be done by RN and management. (June 5, 2018)

*Nutrition and Food Services

VII. R240. 7.1.b

Serving size guidelines have been posted in the kitchen.

(This was done 5/17/2018)

Staff have been trained in the past in regards to serving amounts, but retraining will be given and documented.

(This will be done June 20th 2018)

-We provide low or no salt foods as it is important to modify sodium intake. We do provide fresh fruit, fresh vegetables, and healthy snacks. This is important to provide to residents as it is essential to a healthy diet.

-A new menu format has been created, and posted in both the kitchen and eating area. This will provide easily read menu items for the day. The easier menu enables them to more easily make suggestions and requests for meals.

-Snacks, alternative meals, and beverages are also posted on the new menu format. This provides an easy reminder about snack and alternative meal choices.

(This has been done and implemented June 13, 2018)

Facility manager will oversee this process.

R251. 7.3

-All scoops have been taken out of storage containers and placed in a designated area. This will make it so there is less chance of contamination. Scoops will be only taken out of storage areas when needed. They will be cleaned and stored appropriately after each use

(This was done 5/16/2018)

Facility manager will monitor compliance to this regulation.

*Physical Plant

IX. R266 9.1

- Resident #3. I am in the process of developing a behavioral contract for this resident. This is to ensure and maintain the proper cleaning of his living space. It will also include his overtaking of his roommate's space as it is overbearing and is a potential fall risk for both occupants.

-A phone call was placed to Michelle Carter and a message was left on 5/29/2018. This was to request a meeting to go over these concerns. I am requesting for her to be the third party to go over this contract with resident #3.

I reached out to her prior to this inspection about this concern. This was done to collaborate an appropriate approach to this situation, as this has been an ongoing concern. Resident #3 has been defiant and uncooperative with many attempts from both staff and management to clean and organize his space.

-The outcome desired is a positive and healthy one with education on the importance of keeping personal space clean and free from any hazards.

Documentation will be done weekly to keep track of cleaning of the room.

If refused, a reflection of current contract will be discussed with resident #3.

(This has been done and implemented June 13, 2018)

Management will oversee the process.

IX. R279. 9.3

-All waste baskets were cleaned and liners placed inside.

Daily documentation to track this has been implemented.

Daily oversight will be done by management.

(This was done 5/15/2018)

-Hand towels were removed and replaced with paper towels.

Daily documentation to track this has been implemented

Daily oversight will be done by management.

(This was done 5/15/2018)